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PTO/SB/01 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

|                          |               |
|--------------------------|---------------|
| Attorney Docket Number   | 102286.409    |
| First Named Inventor     | Jakobsen      |
| <b>COMPLETE IF KNOWN</b> |               |
| Application Number       | 09/335,087    |
| Filing Date              | June 17, 1999 |
| Group Art Unit           | 1643          |
| Examiner Name            | Not Assigned  |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Soluble T Cell Receptor

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country       | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? YES | Certified Copy Attached? NO         |
|-------------------------------------|---------------|----------------------------------|--------------------------|------------------------------|-------------------------------------|
| PCT/GB99/01588                      |               | 05/19/99                         | <input type="checkbox"/> | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |
| GB/9810759.2                        | Great Britain | 05/19/98                         | <input type="checkbox"/> | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |
| GB/9821129.5                        | Great Britain | 09/29/98                         | <input type="checkbox"/> | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
|                       |                          |  |

[ Page 1 of 5 ]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| PCT/GB99/01588                               | 05/19/99                        |                                      |

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number  →  Place Customer Number Bar Code Label here  
 OR  
 Registered practitioner(s) name/registration number listed below

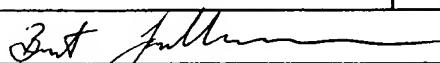
| Name            | Registration Number | Name | Registration Number |
|-----------------|---------------------|------|---------------------|
| Hollie L. Baker | 31,321              |      |                     |

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

|         |                   |           |              |     |              |
|---------|-------------------|-----------|--------------|-----|--------------|
| Name    | Hollie L. Baker   |           |              |     |              |
| Address | Hale and Dorr LLP |           |              |     |              |
| Address | 60 State Street   |           |              |     |              |
| City    | Boston            | State     | MA           | ZIP | 02109        |
| Country | USA               | Telephone | 617-526-6110 | Fax | 617-526-5000 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|                                      |   |       |      |         |         |  |
|--------------------------------------|---|-------|------|---------|---------|--|
| Name of Sole or First Inventor:      | <input type="checkbox"/> A petition has been filed for this unsigned inventor       |       |      |         |         |  |
| Given Name (first and middle if any) | Family Name or Surname  |       |      |         |         |  |
| Bent Karsten                         | Jakobsen  |       |      |         |         |  |
| Inventor's Signature                 |  |       |      |         | Date    | August 26<br>1999                                  |
| Residence: City                      | WANTAGE   | State | OXON | Country | UK      | Citizenship <input checked="" type="checkbox"/> DK |
| Post Office Address                  | MRC HUMAN IMMUNOLOGY UNIT, INSTITUTE OF MOLECULAR MEDICINE                          |       |      |         |         |  |
| Post Office Address                  | JOHN RADCLIFFE HOSPITAL, OXFORD   |       |      |         |         |  |
| City                                 | OXFORD  | State | OXON | ZIP     | OX3 9DS | Country UK   |

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → **+**

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

|  |  |   |                        |         |   |             |   |
|--|--|---|------------------------|---------|---|-------------|---|
| Name of Additional Joint Inventor, if any: |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |         |   |             |   |
| Given Name (first and middle [if any])     |  |   | Family Name or Surname |         |   |             |   |
| John Irving                                |  |   | Bell                   |         |   |             |   |
| Inventor's Signature                       | <i>John Bell</i>   |   |                        |         |   | Date        |   |
| Residence: City                            | Wallingford  | State   | OXON                   | Country | UK  | Citizenship | <input checked="" type="checkbox"/> CANADA            |
| Post Office Address                        | RIVERHOLME, THAMES ST                                      |   |                        |         |   |             |   |
| Post Office Address                        | <i>GEORGIA</i>   |   |                        |         |   |             |   |
| City                                       | WALLINGFORD  | State   | OXON                   | ZIP     | OX100HQ                                     | Country     | UK  |
| Name of Additional Joint Inventor, if any: |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |         |   |             |   |
| Given Name (first and middle [if any])     |  |   | Family Name or Surname |         |   |             |   |
| George Fu                                  |  |   | Gao                    |         |   |             |   |
| Inventor's Signature                       | <i>Gao</i>   |   |                        |         |   | Date        | <input checked="" type="checkbox"/> SEPTEMBER 2, 1999 |
| Residence: City                            | BROOKLINE  | State   | MA                     | Country | <input checked="" type="checkbox"/> USA GFG | Citizenship | <input checked="" type="checkbox"/> CN GFG            |
| Post Office Address                        | LAB OF MOLECULAR MEDICINE, CHILDREN'S HOSPITAL             |   |                        |         |   |             |   |
| Post Office Address                        | 300 LONGWOOD AVENUE  |   |                        |         |   |             |   |
| City                                       | BOSTON   | State   | MA                     | ZIP     | 02115                                       | Country     | <input checked="" type="checkbox"/> USA GFG           |
| Name of Additional Joint Inventor, if any: |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |         |   |             |   |
| Given Name (first and middle [if any])     |  |   | Family Name or Surname |         |   |             |   |
| Benjamin Ernest                            |  |   | Willcox                |         |   |             |   |
| Inventor's Signature                       | <i>B. Willcox</i>  |   |                        |         |   | Date        | <input checked="" type="checkbox"/> AUGUST 26 1999    |
| Residence: City                            | OXFORD   | State   | OXON                   | Country | UK  | Citizenship | UK  |
| Post Office Address                        | MRC HUMAN IMMUNOLOGY UNIT, INSTITUTE OF MOLECULAR MEDICINE |   |                        |         |   |             |   |
| Post Office Address                        | JOHN RAOCLIFFE HOSPITAL, HEADINGTON,                       |   |                        |         |   |             |   |
| City                                       | OXFORD   | State   | OXON                   | ZIP     | OX39DS                                      | Country     | UK  |

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page 2 of 2

|   |   |   |      |         |         |             |                  |
|---|---|---|------|---------|---------|-------------|------------------|
| <b>Name of Additional Joint Inventor, if any:</b> |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |      |         |         |             |                  |
| Given Name (first and middle [if any])            |   | Family Name or Surname  |      |         |         |             |                  |
| Jonathan Michael                                  |   | Boulter   |      |         |         |             |                  |
| Inventor's Signature                              | <i>Jonathan Boulter</i>                           |   |      |         |         | Date        | August 27th 1999 |
| Residence: City                                   | OXFORD  | State   | OXON | Country | UK      | Citizenship | UK               |
| Post Office Address                               | MRC HUMAN IMMUNOLOGY UNIT, INSTITUTE OF MOLECULAR |   |      |         |         |             |                  |
| Post Office Address                               | MEDICINE, JOHN RADCLIFFE HOSPITAL, OXFORD         |   |      |         |         |             |                  |
| City  | OXFORD  | State   | OXON | ZIP     | OX3 9DS | Country     | UK               |
| <b>Name of Additional Joint Inventor, if any:</b> |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |      |         |         |             |                  |
| Given Name (first and middle [if any])            |   | Family Name or Surname  |      |         |         |             |                  |
|   |   |   |      |         |         |             |                  |
| Inventor's Signature                              |   |   |      |         |         | Date        |                  |
| Residence: City                                   |   | State   |      | Country |         | Citizenship |                  |
| Post Office Address                               |   |   |      |         |         |             |                  |
| Post Office Address                               |   |   |      |         |         |             |                  |
| City  |   | State   |      | ZIP     |         | Country     |                  |
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| Given Name (first and middle [if any])            |   | Family Name or Surname  |      |         |         |             |                  |
|   |   |   |      |         |         |             |                  |
| Inventor's Signature                              |   |   |      |         |         | Date        |                  |
| Residence: City                                   |   | State   |      | Country |         | Citizenship |                  |
| Post Office Address                               |   |   |      |         |         |             |                  |
| Post Office Address                               |   |   |      |         |         |             |                  |
| City  |   | State   |      | ZIP     |         | Country     |                  |

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## DECLARATION

## REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

| Name                  | Registration Number | Name | Registration Number |
|-----------------------|---------------------|------|---------------------|
| Wayne M. Kennard      | 30,271              |      |                     |
| Michael J. Bevilacqua | 31,091              |      |                     |
| James B. Lampert      | 24,564              |      |                     |
| Henry N. Wixon        | 32,073              |      |                     |
| Anne-Louise Kerner    | 33,523              |      |                     |
| Wayne A. Keown        | 33,923              |      |                     |
| Michael A. Diener     | 37,122              |      |                     |
| Donald R. Steinberg   | 37,241              |      |                     |
| Gretchen A. Rice      | 37,429              |      |                     |
| Keum J. Park          | 42,059              |      |                     |
| Richard A. Goldenberg | 38,895              |      |                     |
| Colleen Superko       | 39,850              |      |                     |
| Edward D. Grieff      | 38,898              |      |                     |

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POWER OF ATTORNEY  
FROM ASSIGNEE

Avidex Limited whose principal address is North House, Farmoor Court, Cumnor Road, Farmoor, Oxon, OX2 9LU, Great Britain, Assignee of the entire right, title and interest for the United States of America (as defined in 35 U.S.C. §100), of an invention known as Soluble T Cell Receptor (Attorney Docket No. 102286.409) which is disclosed and claimed in a patent application of the same title with and through an Assignment to the Assignee executed on 8/26/99,\* by Bent Karsten Jakobsen\*\* with and through said application filed on June 17, 1999 at the U.S. Patent and Trademark Office, having Serial No. 09/335,087.

The Assignee hereby appoints the following attorneys to prosecute this application and such division, continuation, and reissue applications thereof as are filed by them on behalf of the Assignee, and to transact all business in the U.S. Patent and Trademark Office connected therewith: Hollie L. Baker, Reg. No. 31,321; Michael J. Bevilacqua, Reg. No. 31,091; Michael A. Diener, Reg. No. 37,122; Richard A. Goldenberg, Reg. No. 38,895; Wayne M. Kennard, Reg. No. 30,271; Wayne A. Keown, Ph.D., Reg. No. 33,923; Ann-Louise Kerner, Ph.D., Reg. No. 33,523; James B. Lampert, Reg. No. 24,564; Keum J. Park, Reg. No. 42,059; Gretchen A. Rice, Ph.D., Reg. No. 37,429; Donald R. Steinberg, Reg. No. 37,241; Colleen Superko, Reg. No. 39,850; Henry N. Wixon, Reg. No. 32,073; and Edward D. Grieff, Reg. No. 38,898.

Assignee hereby grants the named attorneys the power to insert on this Power of Attorney any further identification which may be necessary or desirable in order to comply with the rules of the U.S. Patent and Trademark Office.

Send Correspondence to:

Hollie L. Baker  
Hale and Dorr LLP  
60 State Street  
Boston, MA 02109

Direct phone calls to:

(617) 526-6110

**\*9/10/99, 9/2/99, 8/31/99, 8/27/99**

AVIDEX LIMITED

**\*\*John Irving Bell, George Fu Gao,  
Benjamin Ernest Willcox,  
Jonathan Michael Boulter, respectively**

By: Ruben Smith

DR RUSSELL SMITH

Title: DIRECTOR

Date: 10<sup>th</sup> SEPTEMBER 1999